New Hire Checklist

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| Job Title |  | Date |  |

## Completed Applicant Packet

* Application
* Resume
* Reference Checks
* Pre-Employment Drug Test, date submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Background Check Authorization, date ordered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Background Data

* DMV Driving Record, date received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Drug Test Results, date received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Background Check Results, date received: \_\_\_\_\_\_\_\_\_\_\_\_

## Completed New Hire Packet

* Offer Letter, signed by Employee and Management
* Employee Action Form, signed by Employee and Management
* Job description, signed by Employee
* Pay Plan, signed by Employee, if applicable
* Employee Data Sheet/Emergency Contact
* Company information system registration (if applicable)
* Company Property Tracking Sheet
* W-4
* Direct Deposit Form
* I-9
* Copies of Identification, proof of eligibility to work in USA
* ACA Marketplace Notice
* Confidentiality Agreement
* Privacy Policy
* Nevada Pregnant Workers’ Fairness Act Notice Acknowledgement
* Employee Handbook, signed Acknowledgement
* Nevada Workplace Safety Pamphlet, signed Acknowledgement
* Safety Program Manual/Safety Rules Acknowledgement (when at 10+ employees)
* WC: Policy of Work Related Injuries/Illnesses, Injured Worker sheet
* Safety Orientation Checklist – at New Hire Orientation
* Attended New Hire Orientation, date attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Employee Requirements

* Certifications (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Licenses (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### OFFICE USE ONLY:

Date sent to Payroll: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date entered in COBRA system: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date all insurance enrollment forms submitted to:

|  |  |  |  |
| --- | --- | --- | --- |
| Medical |  | Dental |  |
| Vision |  | Voluntary Insurance |  |
| FSA |  |  |  |